

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	702005	10-23-99
O.I.P.E. CLASSIFIER		7	12-28-99
FORMALITY REVIEW	SW	64924	11-15-99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	02/05/00
2	02/05/00
3	02/05/00
4	02/05/00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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